Montana Board of Realty Regulation 301 South Park Avenue 4th Floor PO Box 200513

Helena MT 59620-0513 PHONE: 406-444-2961 FAX: 406-841-2323

E-MAIL: dlibsdrre@mt.gov WEBSITE: http://www.realestate.mt.gov

APPLICATION PROCEDURES FOR REAL ESTATE SALESPERSON LICENSE PLEASE ALLOW 10 TO 14 WORKING DAYS FOR PROCESSING AFTER RECEIPT OF ALL REQUIRED DOCUMENTATION

LICENSING REQUIREMENTS:

- > Must be at least 18 years of age
- > Must provide evidence of completion of 10th grade from an accredited high school or equivalent
- > Must have completed 60 hours of pre-licensing instruction within the last 24 months from a school and instructor approved by the Board.
- > Must have passed the Montana Salesperson Broker Real Estate Examination with a score of 80% on the uniform portion and 70% on the state portion within the last 12 months.
- ➤ Your supervising broker must have held an active license in Montana for at least one year.

FEES FOR LICENSURE:

> \$ 122.50 application/recovery fee

Make check or money order payable to the Montana Board of Realty Regulation

DO NOT SEND CASH

APPLICATION PROCEDURES AND SUPPORTING DOCUMENTS: The following information and/or documentation is required. **A license will not be issued until all materials are received and approved**.

- 1. Completed application form and fees.
- 2. Verification of completion of 10th grade education or transcript, GED certificate, college diploma or transcript, or military discharge papers.
- 3. A license history from any licensing jurisdiction in which a current Real Estate license or in which a Real Estate license has been previously issued.
- 4. Proof of 60 hours of approved real estate pre-licensing education taken in the last 24 months. Submit a copy of the completion certificate.
- 5. Copy of AMP test results completed & passed within the last 12 months.
- $6.\ A\ 2x2$ photo attached to the application form in the space provided. The AMP exam photo will be acceptable.

MONTANA BOARD OF REALTY REGULATION

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Application for Licensure as a Salesperson

Application fee \$122.50

Application is Made by		·	
☐ Examination	☐ Reciprocit	y	rior Approval Required)
1. FULL NAME	Last	First	Middle
	Last	FIISt	Middle
2. OTHER NAME(S) KNO	OWN BY		
3. BUSINESS NAME			
4. BUSINESS ADDRESS			
	Street Address	City and State	Zip Country
MAILING ADDRESS (If I	Different)PO Box #	City and State	Zip Country
5. HOME ADDRESSStree	t or PO Box #	City and State	Zip Country
E-MAIL ADDRESS		WEB SITE ADDRESS	
6. TELEPHONE			
Business		Home	Fax
7. SOCIAL SECURITY N	UMBER FOREIGN ID 1	NUMBER	☐ MALE □ FEMALE
8. DATE OF BIRTH AGE	PLACE OF BIRTH	Month/ Day/Year City/S	State
9. LICENSE NAME(State your name as it shou		if granted.)	
10. BROKER'S TRUST A	CCOUNT # OR TITLE	COMPANY	
BANK NAME			
BANK LOCATION			
11. SUPERVISING BROK	XER AGREEMENT: I, _		
	E	Broker Name	License #
agree that I have the super applicant as a real estate license has satisfactory or ACTIVELY SUPERVISE my supervision as a real e	salesperson. I hereby st redit, character, and IS E AND TRAIN the appl	ate that the applicant for OF GOOD REPUTE. I fo	real estate salesperson
Supervising Broker Signatu	ure	 Date	

State Taken In	Exam Da	ite	Results	
All applicants must answ organizations, dates, reason				ails (names of
13. Have you ever been d If yes, attach a detailed ex		e a licensure examin	nation in any state?	□ Yes □ No
14. Has a licensing agenc If yes, attach a detailed ex		or disciplinary action	on against your license	c (certificate)? ☐ Yes ☐ No
15. Has your license (cert	ificate) ever been for	rfeited or surrendere	d? If yes, attach a deta	niled explanation. ☐ Yes ☐ No
16. Has a complaint ever been made against you alleging unethical behavior or unprofessional conduct? If yes, attach a detailed explanation. ☐ Yes ☐ No				
17. Has any legal or disciplinary action been filed against you which relates to the propriety or your fitness to practice this profession? If yes, attach a detailed explanation. □Yes □ No				
18. Have you ever been e censured by a professional If yes, attach a detailed ex	l organization of wh			tion or been ☐ Yes ☐ No
19. Have you ever been c prosecution) relating to, o whether or not an appeal \$100.00 or less and (2) ch explanation and send in the	r committed, involving pending? You may larges or convictions	ing violence, use or y omit: (1) traffic vio prior to your 16th bit	sale of drugs, fraud, de plations for which you	eceit, or theft, paid a fine of
20. Have you ever been colf yes, attach a detailed ex				ing? ☐ Yes ☐ No
21. Have you any physica affected your ability to pr disease involving serious	actice this profession	n, including but not	limited to, a contagiou	
22. Have you, within the which adversely affected	your ability to practi		r mood-altering substa	
If yes, attach a detailed ex	гртапаноп.			☐ Yes ☐ No
23. Do you currently hold following information: (A	attach a supplement s	sheet if necessary.)		yes, provide the ☐ Yes ☐ No
State/Province/Territory I State/Province/Territory	License Number Date License Number	e Issued Is It Curren Date Issued	t Type of License Is It Current	Type of License
State/F10vince/Territory	License muniber	Date Issueu	☐ Yes ☐ No	Type of License
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana licensing program.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

in these decaments as the casts for my approached.	
I hereby declare that if a Montana Real Estate Salesper Montana real estate business in accordance with the law Regulation.	
Legal Signature of Applicant	Dated

Complete this form only if you are applying for a reciprocal license. MONTANA BOARD OF REALTY REGULATION BROKER'S/SALESPERSON'S AGREEMENT AND CONSENT TO JURISDICTION

I,, a duly licensed real estate broker/salesperson, resident in and am						
licensed by the State of do hereby acknowledge, declare and state as						
follows:						
1. That I have make application to the regulatory body of the State ofto grant a reciprocal license in said State. I acknowledge that I have read and fully understand the terms and provisions of the reciprocal agreement between the State of my residence and State of application.						
2. I further understand and acknowledge that with respect to my activities in the State of my residence, that I shall continue to be subject to the statutes, rules and regulations of the regulatory body in said State. Further, I acknowledge that with respect to my activities under and pursuant to a reciprocal license issued in accordance with my application that I will be subject to the laws, rules and regulations of the applicant State and I do consent to the jurisdiction of the regulatory body of the applicant State with respect said activities.						
3. I further understand and acknowledge that in the event of any investigation of my activities under the reciprocal license of the applicant State that the regulatory body of my State of residence may and will cooperate and assist in said investigation.						
4. Further, I do acknowledge that I have signed this agreement with the understanding that it is a material part of my application for a reciprocal license in the applicant State in order to secure the issuance of such reciprocal license from said applicant State.						
Done and dated thisday of						
Signature of Broker/Salesperson – Applicant						
Subscribed and sworn to by me thisday of, at						
City/State						
Notary Public SEAL						
For the State of						
My commission expires						

For this service the Business Standards Division now accepts credit card payments using either Master Card or Visa or an electronic check (please do not send cash). You may fill in the appropriate form below to submit payments. <i>This document will be destroyed after the payment is processed.</i> For a complete list of services for which the division accepts credit card payments or e-checks, please see: http://discoveringmontana.com/dli/bsd/forms.asp.					
Please check method of payment:					
☐ Visa ☐ MasterCard Amount t	o be billed:				
Credit Card #: Credit Card #: Expiration Date: /					
Name on Card :					
NAME:					
ADDRESS:					
CITY:					
STATE: ZIP CODE:					
PHONE :					
Important: This transaction will appear on your credit card statement as: Discovering	gmontana-SC.				
☐ E-Check					
Name:					
Account Type: Checking Savings					
Routing Number:	Sample U.S. Check				
Account Number:	MEMO				
	:253303003: 2733702645H* 2323				
Amount to be billed:	Routing Number Account Number Check #				
NAME:	:253301001: 2733702645H 2121				
ADDRESS:					
CITY:					
STATE:ZIP CODE:PHONE :					
Important: This transaction will appear on your bank statement as an electronic transaction with the words: Montana Interact BSD-VT.					

TO PREVENT YOUR CREDIT CARD FROM BEING CHARGED TWICE DO NOT BOTH FAX AND MAIL THIS INFORMATION